



State of Alaska
Pediatric Neurodevelopmental Outreach and Autism Screening Clinic

Medical Provider Referral Form (REQUIRED) (New 2013 form)

Instructions on back

Patient's Name _____ Patient's DOB _____ M / F

Parent Name and contact information: _____

Patient's Home Region: NME/ HMR / DGM / BTH / Fbks / BRW / KTZ / KTH / JUNO/ KDK / ANC / Mat-Su

Primary reason for neurodevelopmental referral (check one)

<input type="checkbox"/>	Autism rule-out	<input type="checkbox"/>	Autism follow-up
<input type="checkbox"/>	Global Delay	<input type="checkbox"/>	Genetic condition w/developmental delay concern
<input type="checkbox"/>		<input type="checkbox"/>	Other:

Secondary neurodevelopmental concerns (check all that apply)

<input type="checkbox"/>	Communication issues	<input type="checkbox"/>	Behavioral concerns
<input type="checkbox"/>	Emotional/mental health concerns	<input type="checkbox"/>	Social concerns
<input type="checkbox"/>	Physical concerns	<input type="checkbox"/>	Growth concerns
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Special condition (CP, spina bifida, etc.)

Other pertinent information (medical diagnosis, family considerations, primary language, etc):

Primary care provider: MD / ANP / PA / Other _____

Primary care provider has known this patient for _____ (years / months)

Direct questions regarding this referral to _____ at _____

Please attach patient medical record

Medical Provider Name: _____ Provider NPI: _____

Medical Provider Signature: _____ Date: _____



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Medical Provider Referral Form Instructions

This is a screening clinic; providers will offer impressions, treatment considerations, recommendations, and when appropriate, referral for additional testing at a diagnostic center. The consult is a problem-focused patient assessment and evaluation on children from birth to age 12 for a variety of neurodevelopmental conditions, with a special focus on autism.

Medical staff will evaluate referrals for appropriateness. When referrals exceed the number of appointments available, highest priority will be given to children younger than 5 years of age with developmental delays. Recommendations are provided to the family when a referral does not result in an appointment and the provider making the referral is notified.

Rural outreach clinics are available in the following locations during 2013/2014. When there is a range of dates for a clinic, the State of Alaska is accommodating historically high fluctuating referrals numbers, appropriate patients to be scheduled, and community education requests. Exact dates and times of clinic are negotiated based on best use of PND clinic staff time within the days identified.

Ketchikan (KTH)	Sept 9-11, 2013	Nome (NME)	Jan 28-30, 2014
Juneau (JUNO)	Sept 12 & 13, 2013	Wasilla (Mat-Su)	Feb 7, 2014
Barrow (BRW)	Oct 2-4, 2013	Homer (HMR)	Feb 18-20, 2014
Kodiak (KOD)	Oct 28 & 29, 2013	Dillingham (DGM)	Mar 18-20, 2014
Kotzebue (KTZ)	Nov 12-14, 2013	Bethel (BTH)	April 8-10, 2014
Anchorage (ANC)	Nov 18, 2013	Fairbanks (fbks)	May 1 & 2, 2014
Fairbanks (Fbks)	Dec 5 & 6, 2013		

- Primary concern – these are the primary referral consultation requests clinicians accept
- Secondary concerns - check all boxes that further define the concerns
- Other pertinent Information – anything else to help understand the concern, patient, or family
- If there are questions, who should questions be directed to – medical provider, nurse, care coordinator, etc; provide contact information
- **Please attach patient medical record, including patient visits, well child checks, developmental milestone inventory results, immunization record, and medical testing**
- NPI number is needed for pre-authorization of both insurance and travel for patients in rural Alaska